

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-----------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | 11 | | | | | |
| TOTAL DEP. | 38 | | | | | |
| TOTAL CLAIMS | 44 | | | | | |

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| TOTAL IND. | 1 | | | | | |
| TOTAL DEP. | 16 | | | | | |
| TOTAL CLAIMS | 17 | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Best Available Copy